

Guidance for Establishing SES Performance Plans
March 2005 (revised April 6, 2005)

The SES Performance Plan Form Template

SES members will use the NIH SES Performance Plan template.. It identifies the 5 Program Outcomes for NIH and the 10 Management Outcomes. Plus, the Ethics aspect/sub-element has been added to the template for SES supervisors (item 11 under Management Outcomes).

The template is designed to wrap text when program and management outcome bullets are inserted. If one page is exceeded, the text will automatically wrap onto the next page. Bulleted rows may be added or deleted as necessary.

Part I. Performance Plan Development, Monitoring, and Appraisal

Complete all pertinent required employee and organizational information under Part I. A. Performance Plan Development, and provide required SES member and rating official information and signatures. Sign and date completed form, and provide a copy to SES member.

The rating official and SES member should review the most current “One HHS Ten Program and Management Objectives;” Dr. Zerhouni’s performance contract; IC Director performance contracts; and other pertinent organizational goals that impact the performance expectations and the assignment of the SES member.

Appraisal development should be approached as a collaborative activity, with rating official and SES member discussions about performance expectations and requirements.

Part III. Critical Elements

1. Executive Leadership

Review and discuss the kinds of things members will be held accountable for, and the manner in which they are to be performed, as indicated on Part III of the appraisal form. There is no need to list anything on the form, for this critical element.

This critical element essentially remains the same as used for FY 2004. However, the Performance Requirement was revised and now includes a statement for financial and managerial accountability when executing fiduciary responsibilities. Ethics and EEO remain included in the Executive Leadership critical element.

2. Performance Agreement (Program and Management Outcomes). HHS modified this portion of the form. This critical element is now divided into two separate parts:

- Part A. Program Outcomes, and

- Part B. Management Outcomes.

All executives are responsible for this critical element. However, not all executives will have sub-elements or aspects for both Parts A and B. Some executives may only have aspects under Part. B., Management Outcomes.

Part A. Program Outcomes

The Department's "One HHS" 10 Department-wide Program Objectives comprise Part A. Program Outcomes.

Items 3 to 7 pertain to the NIH. An executive may not have responsibility for all 5 Program Outcomes. Therefore, Rating Officials and executives should select only those aspects/sub-elements that apply (e.g., 3, 4, & 7), and list N/A next to each aspect/sub-element that does not apply.

Also, under Part A., a mandatory Ethics sub-element has been added for SES executives who also serve as their IC Deputy Ethics Counselor (DEC). Therefore, if you are the IC DEC, you are required to include this aspect/sub-element under Part A. Program Outcomes, Number 11.

Part B. Management Outcomes

The Department's "One HHS" 10 Department-wide Management Objectives make up Part B. Management Outcomes.

Also, under Part B., a mandatory Ethics sub-element has been added for SES executives with supervisory responsibilities. Therefore, if you are a supervisor, the ethics aspect/sub-element must be addressed; otherwise, for non-supervisory executives, ethics is covered under the Executive Leadership critical element.

It is recommended that the Rating Official and the executive meet to jointly determine and select the aspects/sub-elements that apply to the executive's responsibilities and include them under the Management Outcomes. For those that do not apply, list NA next to that aspect.

The bullets for Performance Agreement, both Program and Management Outcomes should describe the Fully Successful level, and written using the **SMART** approach. Bullets should be:

- **SPECIFIC:** Goals clearly stated and direct
- **MEASURABLE:** Outcomes are being achieved in comparison to a standard
- **ATTAINABLE:** Goals or results/outcomes are achievable, challenging and realistic
- **RELEVANT:** Goals have a bearing on the overall direction of the organization
- **TIMEBOUND:** Results are measured in terms of deadlines, due dates, schedules, or cycles

Also ensure linkages in support of HHS and NIH goals, GPRA, Roadmap goals, strategic initiatives, and other guidance received to identify key goals. Describe specific outcomes or end-results.

For example: Launch the patient reported outcomes measurement information system with seven grants, six to primary research centers by end of 3rd quarter.

OR

Initiate 12 pilot studies by the end of the FY to assess the feasibility of integrating and increasing the interoperability of clinical research networks to pave the way for National Electronics Clinical Trials and Research network.